1999 NATIONAL HIV PREVENTION CONFERENCE

Abstract 631

TITLE: The Impact of Drug Control Strategies on the HIV Epidemic Among Injectors AUTHORS: Clear, A., Harm Reduction Coalition, NY, Grove, D., and Harm Reduction Coalition, NY.

If opponents of syringe exchange wish to promote HIV infection as a tool in the War on Drugs, science can demonstrate the success of their efforts. U.S. State and Federal legislation barring access to sterile injection equipment for people injecting illicit drugs has provided a substantial control population to compare with Britain, Wales and Scotland and Australia, where sterile injection equipment has been generally available for more than a decade. In the American cohort, we observe a cumulative total of 229,470 injection-related cases of AIDS, compared to Britain and Wales (520), and Scotland (230). A drug injector or family member is 66 times more likely to be living or dead from AIDS related to the use of an HIV contaminated syringe in the United States than in the United Kingdom.

This sample continues to demonstrate the efficacy of syringe access restrictions in increasing in the rates of blood-borne infections among people injecting drugs. Legislators and government officials opposing syringe exchange continually fail to mention the scientific relation between law enforcement policies and increased rates of infection. Examination of presentations by opponents of syringe exchange reveals a consistent avoidance of scientific information, even though epidemiological data suggests that opposition to syringe exchange is successful in maintaining high HIV seroprevalence.

"Not only do these (needle exchange) programs not work, they have terrible consequences for the communities that use them. They result in higher crime, parks and streets littered with drug paraphernalia and communities that are virtual safe havens for drug addicts and the illegal and irresponsible behavior that accompanies them." Letter to Congress from Representatives Goodlatte and Coburn, M.D. (3.3.99)

"People were quoting our study in Congress, using it to suggest that the needle exchange in Vancouver made things worse," said Schechter, University of British Columbia epidemiologist, "I felt that my data had been misinterpreted. I felt disappointed and a bit outraged our data were being used for ideological reasons." The Ottawa Citizen (3.30.99)

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